



South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6134

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

Application for the Continuation of Resident Professional Bondsmen License For the Period July 1, 2006 thru June 30, 2007.

This application must be completed in its entirety and returned to this Department by May 30. If application and fee are not received within stated period, your Professional Bondsmen License will be cancelled. The Annual License Fee is \$400.00. Make remittance payable to South Carolina Department of Insurance.

Section 1- Personal Information (complete entire section) SSN, Name, Address, Zip

Soc. Sec. No.

Last Name

First Name

MI

JR/SR

Home Street Address (Do not use PO Box)

City

State

Zip Code

Your Social Security No. will be used by the Department for Identification purposes only. It will not be released as public information

Section -2. Employment and Background Information (complete entire section)

Name of Firm or Company

()
Business Telephone No.

Street Address

City

State

Zip Code

Mailing Address

City

State

Zip Code

Were you ever convicted, pled guilty, or pled no contest in any criminal proceeding during the licensing period of July 01, 2005 thru June 30, 2006? Yes ___ No ___ if Yes, attach supporting documentation.

Section-3 Current Runner Bondsmen

- 1.
- 2.
- 3.
- 4.

Section-4 Applicant's Sworn Statement

I do solemnly swear that all information contained within this application is complete, true and correct to the best of my knowledge.

Sworn to before me this

_____ day of _____ 2006

Signature of Applicant

Notary Public / Commission Expires

() _____
Business Phone #



South Carolina Department of Insurance

P.O. Box 100105, Columbia, S.C. 29202-3105
Telephone: (803) 737-6134

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Director of Insurance

PROFESSIONAL BONDSMAN'S FINANCIAL STATEMENT

NAME _____ DATE _____

RESIDENCE ADDRESS _____ PHONE _____

BUSINESS ADDRESS _____ PHONE _____

TO: Director of Insurance, State of South Carolina

For the purpose of obtaining\renewing (circle appropriate category) a professional bondsman's license, the undersigned makes the following statement of my financial condition as of the ____ day of _____, _____, (date selected must be within 45 days preceding application) and certifies that the information hereinafter set forth is in all respects true, accurate and complete and correctly reflects the financial condition of the undersigned on the date aforementioned.

FILL ALL BLANKS, writing "no" and "none" where necessary to complete information. If additional space is needed, complete answers on additional sheets of paper and attach hereto.

ASSETS

Cash on hand & in Banks \$_____ 00

Notes & Accounts due me \$_____ 00

Stocks & Bonds (Detail
in Schedule A) \$_____ 00

Furniture & Fixtures
used in Business \$_____ 00

Real Estate
(Detail in Schedule B) \$_____ 00

Motor Vehicles (Detail
in Schedule C) \$_____ 00

Other: (Specify)

Deposit Held by Clerk of
Court \$_____ 00

Cash Value \$_____ 00

TOTAL ASSETS \$_____

LIABILITIES (other than as listed herein)

Balance payable on Notes & Accounts
payable to Banks (Detail in Schedule D) \$ _____

Balance payable on Notes & Accounts
payable to other (Detail in Schedule E) \$ _____

Taxes Due \$_____

Rent Due \$_____

Other Liabilities (Specify)

TOTAL LIABILITIES \$_____

NET WORTH \$_____

I carry \$ _____ life insurance in _____ company(ies)
payable to _____, the present cash value of which is \$ _____ and on
which I have borrowed \$ _____
My total contingent liability as endorser, bail bondsman and otherwise does not exceed \$ _____

INCOME

My income for the preceding calendar year was:

Earned (salary, commissions, fees, etc.) \$ _____

Rents Received _____

Interest and Dividends Received _____

Other income from _____

GROSS INCOME \$ _____

Taxes Paid during year \$ _____

Interest Paid _____

Repairs _____

Other Business Expenses _____

TOTAL BUSINESS EXPENSES \$ _____

NET INCOME \$ _____

I CERTIFY THAT THE FOREGOING FINANCIAL STATEMENT IS IN ALL RESPECTS A TRUE, ACCURATE AND COMPLETE ACCOUNT OF MY FINANCIAL CONDITION AS OF THE ABOVE INDICATED DATE.

SWORN to and subscribed before me

this _____ day of _____, _____

Signature

NOTARY PUBLIC FOR STATE OF SOUTH CAROLINA

MY COMMISSION EXPIRES: _____

ASSETS

STOCKS AND BONDS - SCHEDULE A

<u>NAME OF ISSUER</u>	<u>NUMBER OF SHARES OF BONDS</u>	<u>REGISTERED IN NAME OF</u>	<u>FAIR MARKET VALUE</u>	<u>TO WHOM PLEDGED (if any)</u>

TOTAL \$ _____ 00

REAL ESTATE - SCHEDULE B

<u>DESCRIPTION</u>	<u>LOCATION (ADDRESS AND COUNTY)</u>	<u>TITLE IN NAME OF</u>	<u>FAIR MARKET VALUE</u>	<u>AMOUNT OF OUTSTANDING MORTGAGES (if any)</u>

TOTAL \$ _____ 00

MOTOR VEHICLES - SCHEDULE C

<u>DESCRIPTION (YEAR, MAKE, MODEL)</u>	<u>REGISTERED IN NAME OF</u>	<u>FAIR MARKET VALUE</u>	<u>AMOUNT OF ANY LIENS (if any)</u>

TOTAL \$ _____ 00

LIABILITIES

AMOUNT DUE TO BANKS - SCHEDULE D

NAME OF BANK

COLLATERAL

OUTSTANDING BALANCE OWED

TOTAL \$ _____ 00

AMOUNTS DUE OTHERS - SCHEDULE E

NAME OF CREDITOR

COLLATERAL

OUTSTANDING BALANCE OWED

TOTAL \$ _____ 00